



State of Tennessee Department of Children's Services

Administrative Policies and Procedures: 20.12

Subject: Dental Services Administration

Supersedes: DCS 20.12, 09/01/01

Local policy: No

Local procedures: No

Requires training: No

Applicable Practice Model Standard(s): Yes

Approved by:

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Application

To All Youth Development Center Superintendents, Dentists, Health Administrators and Health Care Employees

Authority: TCA 37-5-106

Policy

Youth in youth development centers shall be provided routine and emergency dental care as part of the facility health care program. All treatment shall be provided consistent with medical necessity.

Procedures

A. Medical necessity

Medical assistance services or supplies provided are required to identify or correct or improve a chronic or existing illness, disease, or injury and which are:

1. Consistent with the symptoms or diagnosis and treatment of the enrollee's illness, disease, or injury,
2. Appropriate with regard to standards of best medical practice,
3. Not solely for the convenience of the youth or staff, **and**
4. The most appropriate supply or level of services, which can

safely be provided to the youth.

B. Dental responsibilities

The dental authority must be responsible for the following:

1. Provision of dental services in accordance with Department of Children's Services policies.
2. Dental clinics must operate in accordance with Tennessee Dental Practice Act.
3. Dental clinics must comply with OSHA standards.
4. Procurement of supplies and equipment necessary to maintain the operation of the dental program.
5. Supervision of auxiliary dental personnel by a dentist currently licensed in Tennessee.
6. The request of consultations with physician and dental specialists deemed necessary for the appropriate care of the youth.
7. Coordination with the health administrator and facility staff to ensure the delivery of dental care within the security constraints of the institution.

C. Dental services

The health administrator must ensure that dental services rendered at each facility include the following:

1. Required dental examination

The dentist must examine each youth within seven (7) working days, during the period of intake classification.

2. Routine dental care

Youth shall receive routine dental care every six months following the initial dental examination, to include dental screening and cleaning.

3. Emergency dental treatment

- a) The health administrator must ensure that evaluative treatment of dental emergencies is available to youth on a 24-hour basis.
- b) Youth admitted to the clinic with a dental emergency

(e.g., pain, infection, trauma, etc.) shall be treated by the most effective method.

- ◆ Under no circumstances shall a youth be sent to their dorm room or referred without any measures taken to relieve his/her distress.
 - ◆ If the tooth is restorable and restorative procedures cannot be accomplished at the time of the emergency appointment, treatment to relieve pain shall be rendered and the patient scheduled for additional treatment.
 - ◆ The progress notes in the dental record shall reflect that the patient presented to the clinic with an emergency condition, and the diagnosis and treatment rendered shall be described in detail.
- c) The emergency condition of the youth shall be treated according to acceptable dental practice. The emergency condition shall be treated by the most appropriate method. If the emergency is complex and is beyond the ability of the dentist or outside the facility's scope of treatment, the dentist shall arrange referral to other appropriate dental treatment sources.

4. Non-emergency dental treatment

- a) Treatment must be based on youth needs as determined by a dentist in the dental examination and according to treatment priorities.
- b) Dental treatment may include diagnostic services, preventive services, restorative procedures, extractions, and specialty care as outlined in DCS policy.

5. Oral hygiene supplies

- a) The superintendent/designee must make toothbrush and toothpaste available to youth as part of the classification process.
- b) The dental authority must provide education in the use of preventive supplies, as necessary.
- c) Oral hygiene supplies must be replenished by dorm staff and must be provided for youth who are unable to purchase such items because of lack of funds, segregation, or other circumstances.

6. Documentation

DCS staff must record information gathered at the dental examination and document dental treatment on form CS-0120, *Dental Record*.

D. Restorative materials**1. Permanent fillings**

The permanent restorative materials of choice are amalgam and composites.

2. Temporary fillings

Temporary fillings shall be used for emergency fillings or where advisable due to the condition of the tooth.

3. Gold disallowed

Medically necessary (non-cosmetic) gold restoration may be used at the discretion of the facility dentist and with consultation and approval of facility program staff.

E. Dental sick call

Non-emergency dental complaints must be presented at the regularly scheduled sick call. The nurse must refer such complaints to the facility dentist who will triage the complaints and provide for treatment according to established clinical priorities.

F. Dental records**1. Confidentiality**

Dental records are confidential records and must be maintained as outlined in DCS policy [9.4, Confidential Child-Specific Records Information](#) and [20.25, Confidentiality/Release of Health Information](#). The YDC health administrator must maintain individual dental records for each youth.

2. Transfer

When a youth is released or transferred, the health clinic staff shall forward the dental record or copy as an integral part of the health record as outlined in DCS policy [9.8, Transfer of Youth Case Files Between Departmental](#)

*Residential Treatment Facilities.***G. Dental reports****1. Daily log**

- a) The dentist or his/her assistant must maintain a daily work log for the dental clinic, showing all dental work accomplished each day.
- b) The dentist or his/her assistant must record:
 - ◆ Youth's name,
 - ◆ Date,
 - ◆ Procedure accomplished, and
 - ◆ Name of dental staff member providing the service.

2. Monthly report

The health administrator must complete a monthly report of dental activities at the end of each month, using the Health Services Monthly Report. The health administrator must attach any note(s) of importance concerning the local dental clinic to the report.

H. Consent to dental treatment**1. Oral surgery/extractions**

Form CS-0206 *Informed Consent to Routine Health Services for Minors*, signed by the parent/guardian, must be in the health record prior to the dentist performing oral surgical procedures or extractions.

I. Refusal of dental treatment**1. Refusal of dental treatment**

- a) If a youth refuses any dental treatment recommended by the dentist, the staff person to whom the youth gives the refusal must make a notification in the dental record.
- b) The youth must be appropriately counseled regarding the impact of such refusal.
- c) The youth must sign form CS-0093 *Release from Medical Responsibility*, which the health care staff then files with the dental records.

Forms

CS-0093	Release from Medical Responsibility
CS-0120	Dental Record
CS-0206	Informed Consent to Routine Health Services for Minors

Collateral Documents

None

Standards

ACA 3JTS-4C-26
ACA 3JTS-4C-27
DCS Practice Model Standard- 7-100A
DCS Practice Model Standard- 7-101A
DCS Practice Model Standard- 7-102A
DCS Practice Model Standard- 7-104A
DCS Practice Model Standard- 7-110B
DCS Practice Model Standard- 7-111B
DCS Practice Model Standard- 8-306

Glossary

<i>Term</i>	<i>Definition</i>
<i>Medical necessity</i>	<p>Medical services that are:</p> <ul style="list-style-type: none">• Calculated to prevent, diagnose, correct or ameliorate a physical or mental condition that threatens life, causes pain or suffering, or results in illness, disability or infirmity <u>or</u> calculated to maintain or preclude deterioration of health or functional ability;• Individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness, disability or injury under treatment, and not in excess of the individual's needs;• Necessary and consistent with generally accepted

professional medical standards as determined by the Secretary of Health and Human Services or the state Department of Health; and

- Reflective of the level of service that can be safely provided, and for which no equally effective treatment is available.